GOVERNMENT OF ANDHRA PRADESH
ABSTRACT

HM&FW Department – Rastriya Bala Swasthya Karyakram (RBSK) - Head to Toe health screening to children at AWCs, Government and Aided Schools in the State - Certain Guidelines – Orders – Issued.

HEALTH MEDICAL & FAMILY WELFARE (E1)DEPARTMENT

G.O.MS.No. 150 **Dated: 03-12-2024**
Read:

From the Commissioner, Health & Family Welfare, Mangalagiri received through e-office bearing computer No.2469337.

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ORDER:

The Government of Andhra Pradesh is implementing various Health Schemes under the National Health Mission (NHM), including the Rastriya Bala Swasthya Karyakram (RBSK). The RBSK program aims to proactively identify diseases and deformities in children through comprehensive head-to-toe screenings and early intervention services. The systematic approach focuses on early detection, connecting children to necessary care, support and treatment services. This programme aims at ensuring all children are screened, embodying the principles of 'leave no child behind' and ' intervene early'. This programme is aligned to achieve the goal of "Swarna Andhra Pradesh @2047".

2. Under RBSK programme, all the children registered in Angawadi Centers all Government and Aided Schools in the State shall be screened by the health personnel and provide treatment either at the screening facility or facilitate to avail the same in the referral health centers with dedicated transport facility.

3. Under RBSK, the screening will be conducted in two levels i.e., Preliminary and Confirmatory. The preliminary level screening will be conducted by the ANMs and MLHPs (Community Health Officers) in rural areas and Auxiliary Nursing Midwifery's (ANMs) and Accredited Social Health Activist's (ASHAs) in urban areas. The screening at Schools will be conducted in the afternoon sessions on every **Thursday and Saturday** excluding the schedules of formative and summative assessments/self assessment in the schools. The screening at Anganwadi Centres will be conducted in the morning sessions on Saturdays. The confirmatory screening will be conducted to the identified children by the Medical Officer during the visit to the village under Sanchara Chikitsa (twice in a month to the same village) and on every Thursday by the Urban Primary Health Centers(UPHCs) Medical Officer in urban areas.

4. The children who requires referral treatment will be coordinated by the Medical Officer, Primary Health Center(PHC) with PO, RBSK of the District. The PO, RBSK will arrange referral transport free of cost from Primary Health Center(PHC) to District Early Intervention Centres (DEICs)/referral hospitals and ensures the referral treatment is provided. The children with developmental delays will be coordinated by PO, RBSK for repeated visits to DEICs to avail complete span of services. The details of the entire treatment will be recorded in the online application and also records in the Health Booklet.

5. On reviewing the disease/deficiency trends in particular school or area, the Medical Officer, Primary Health Center (PHC) in close coordination with line departments, should take necessary corrective steps for providing treatment or nutritional support or suggest corrective measures to attend any gaps to be provided to children. The District Medical &Health Officer (DM&HO) at district level will be responsible to coordinate with District Officers of School Education, Department for Women, Children, Differently Abled & Senior Citizens, Tribal Welfare and Social Welfare as the case may be in attending such alarming signals in a particular area.

6. To implement the RBSK programme to bring out the desired outcomes, screening should be attended in a structured manner and all the children to be covered once in every six months, all the functionaries involved in the programme will have to discharge their duties as per their roles and responsibilities as detailed below.

Roles & Responsibilities :

CHO & ANM (Rural area) / ANM & ASHA (Urban area)	• Develop micro planning schedule of screening covering all Anganwadi Centers (AWCs) and Schools in the jurisdiction, get it approved by Medical Officer, Primary Health Center(PHC) and communicate to AWC Teachers and School Head Masters of the Schools. • Distribution of health books to AWCs, Schools by ANM/CHO & ASHA. • Ensure that availability of screening tools at AWC/ Schools like Weighing Machine, Measurement Scale, BP apparatus, Hemoglobinometer, MUAC tape, Measuring tape, Snellen chart before screening. • Conduct Preliminary screening on Saturday (10-12 AM) at AWCs and Thursday & Saturday (2-4 PM) at Schools both in urban and rural areas. • Record the health findings in the designated mobile app and also record in the health booklet. • screening @ 60 children per week and upload the screening details in mobile application (CHO/ANM AP Health). • conducts HB screening to all adolescents and ensure availability of IFA at Schools. • Ensure confirmatory screening to the identified children by the Medical Officer, Primary Health Center(PHC) during Sanchara Chikitsa visits in rural areas and on Thursday in urban areas. • Ensure treatment by the Medical Officer, Primary Health Center (PHC) on the day of screening and handhold the referral treatment if required at higher centres by dedicated vehicle from Primary Health Centers. • Coordinate with Primary Health Center (PHC), School Health Co-ordinator for providing referral treatment and drop back the child at home. • communicate the treatment/ referral details to the parent through the AWC Teacher /School Head Master and get parent consent.
Medical Officer (FDP in Rural and MO of UPHC in urban)	• Conducts confirmatory screening on the day of FDP visit during 2-4 PM at AWC/ Schools. • Medical Officer will examine the children with abnormalities, provides treatment for diseases and deficiencies at the AWC/ School/ Village Clinic. • Update the treatment given to identified children online and offline. • Ensures treatment Children requiring referrals to DEIC/ higher health facility for further investigation and

	treatment. • Identifies one of the supervisory staff (MPHEO / CHO, PHN / HE, MPHS - Male & Female) as School Health Co-ordinator for accompanying the referral children to higher centers.(In case of UPHCs, DEO will coordinate the referral treatment) • Coordinate with PO, RBSK for scheduling the treatment of the referred children at appropriate centers & arrange the transportation facility. • Communicate the prognosis of the child to the parents and AWC Teacher /School Head Master and also communicate the dates of referral treatment scheduled. • Monitor the repeated visits and treatment of the referred children to Higher Health centers.
School Health Co-ordinators	• In coordination with CHO/ ANM, ensure transportation of children along with parent to higher facilities as required or referral treatment, further drop them safely to their house. • communicates the treatment & further follow up details to CHO/ ANM and also to AWC Teacher & School Head Master.
PO, RBSK	• Develop Primary Health Center(PHC) /UPHC wise Micro plan for schools and AWCs according to class wise strength. • Distribution of health books to all Primary Health Centers(PHCs) . • Mapping of Primary Health Centers(PHCs) with DEICs and DEICs with referral centers (GGH, DH and AH) • Arrange one hire vehicle per DEIC for transportation of referred children from Primary Health Center(PHC) / UPHC to higher facility. • Coordinates with Medical Officer of Primary Health Center(PHC) /UPHC for repeated visits of children with developmental delays. • Ensure referral treatment is provided and updation of treatment details online and offline.
DM&HO	• Ensure proper micro plans are developed and communicated to all stake holders. • Coordinates convergence meeting with Department for Women, Children, Differently Abled & Senior Citizens, School Education, Tribal Welfare and Social Welfare. • Monitors screening progress and handhold the referral treatment. • Ensure availability of all drugs required for treatment at screening places. • Ensures full treatment cycle provided to identified children.
AWC Teacher	• Coordinates with ANM/CHO in developing micro plan of screening. • Collect child health cards from the respective CHO / ANM and keep in safe custody. • Records basic details of the child. • Coordinates with parents for availing treatment (both basic and referral). • Ensure maximum attendance on the day of screening.
School Head Master	• Coordinates with ANM/CHO in developing micro plan of screening. • Collect student health cards from the respective CHO / ANM and keep in safe custody. • Identifies two Teachers(Male & Female) as School Health

	Ambassadors for coordination. • Records basic details of the student. • Ensure maximum attendance on the day of screening. • Coordinates with parents for availing treatment (both basic and referral). • Ensure each referred child goes to referral hospitals when needed. • Collect back the health cards after consent by the parents and keep them in safe custody with class teacher.

Responsibilities of Line Departments:

Women Development and Child Welfare :

a. Provide data source of all children registered in the Poshan Abhiyan through API to Health department to prepopulate basic details of the children and conduct the screening.
b. Instruct the PD, ICDSs, Supervisors and Anganwadi Teachers to take part in developing micro planning of screening.
c. Instruct the Anganwadi Teachers to collect health booklets based on children strength in each Anganwadi Centre and keep them under their safe custody.
d. Facilitate screening by CHO/ANM and Medical Officer in designated dates and to avail the treatment suggested.
e. Anganwadi Teachers convince parents of the identified children with health issues for further treatment at referral health facilities through School Health Co-ordinators deployed from the attached Primary Health Center(PHC).

School Education Department :

a. Provide data source of all students registered in UDISE through API to Health department to prepopulate basic details of the children and conduct the screening.
b. Instruct the DEOs, Dy DEOs, MEOs and Head Masters to take part in developing school wise micro planning of screening.
c. Instruct all Head Masters to collect health booklets based on class wise strength and keep them under their safe custody.
d. Facilitate screening by CHO/ANM and Medical Officer in designated dates and to avail the treatment suggested.
e. Instruct the concerned authorities to avail designated treatment(additional IFA consumption, blood transfusion) to children reported with mild, moderate and severe anaemia during screening. Also make necessary corrective measures in mid day meals with more iron rich food such as leafy vegetables.
f. Head Masters to convince parents of the Children With Special Needs (CWSN) and with other health issues for further treatment at referral health facilities through School Health Co-ordinators deployed from the attached Primary Health Centre.
g. Instruct DEOs to periodically review the screening status, major health issues that are being identified and take corrective measures.

Tribal Welfare and Social Welfare :

a. Issue necessary Instructions to all Principals/Head Masters to collect health booklets based on class wise strength and keep them under their safe custody.
b. Issue necessary instructions to facilitate screening by CHO/ANM and Medical Officer in designated dates and to avail the treatment suggested.

c. Instruct the concerned authorities to avail designated treatment(additional IFA consumption, blood transfusion) to children reported with mild ,moderate and severe anaemia during screening. Also make necessary corrective measures in mid day meals with more iron rich food such as leafy vegetables.
d. Instruct Head Masters/Hostel Welfare Officers to convince parents of the Children With Special Needs (CWSN) and with other health issues for further treatment at referral health facilities through School Health Co-ordinators deployed from the attached Primary Health Center(PHC).
e. Instruct PO, ITDAs, ITDA DEOs, DTWOs, JD/DD SW to periodically review the screening status, major health issues that are being identified and take corrective measures.

7. Hence, all the line departments shall work in tandem in implementation of RBSK programme in structured manner and avail treatment as suggested by the Medical Officers so as to bring down the disease burden among children in their formative years for healthy adulthood.

(BY ORDER AND IN THE NAME OF THE GOVERNOR OF ANDHRA PRADESH)

NEERABH KUMAR PRASAD
CHIEF SECRETARY TO GOVERNMENT

To
The Special Chief Secretaries / Principal Secretaries/ Secretaries to Government, School Education, Department for Women, Children, Differently Abled & Senior Citizens, Tribal Welfare and Social Welfare Departments with a request to issue necessary instructions to the concerned for proper conduct of Rastriya Bala Swasthya Karyakram (RBSK) programme.
The Commissioner of Health & Family Welfare, AP, Mangalagiri.
The Chief Executive Officer, Dr.NTR Vaidya Seva Trust, Mangalagiri.
The Director, Secondary Health, Tadepalli, Guntur District.
All Collectors & District Magistrates in the State.
The Director of Public Health, AP, Vijayawada.
The Director of Medical Education, AP, Vijayawada.
Copy to :
OSD to Hon'ble Minister(HFW&ME)
OSD to Chief Secretary, AP.
PS to Special Chief Secretary, HM&FW Department.
PS to Secretary, HM&FW Department.
Sf/Sc.(2512865)

//FORWARDED :: BY ORDER //

SECTION OFFICER